$_{\text{Form}}990$ 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

	rthe 2	2008 calendar ve	ear, or tax year beginning 07-01-2008	and ending 06-30-200	9			•
		adva-dala	C Name of organization	and change to be 200		D Emp	loyer identi	ication number
_	eck if ap Iress cha	· · · · · · · · · · · · · · · · · · ·	EMPIRE STATE CARPENTERS WELFARE FUNI	)		11-	1582767	
_		label or	Doing Business As				phone numb	er
_	me chan	type. See				(63	1)952-970	10
Inıt —	ial returi	n Specific Instruc-	Number and street (or P O box if mail is no	t delivered to street addre	ss) Room/s	suite	ss receipts \$	
Ter	mınatıor	tions.	270 MOTOR PARKWAY					,
- Am	ended re	eturn	City or town, state or country, and ZIP + 4					
– App	olication	pending	HAUPPAUGE, NY 11788					
		F N	ame and address of Principal Officer		Wax =			
		' '''	ame and dadress or rimerpar officer			s this a grou ffiliates?	p return for	┌ Yes ┌ No
								,
Ta	v ovomi	pt status 🔽 501	(c) (9) ◀ (insert no )		` '	re all affiliate		☐ Yes ☑ No
Ta	x-exem	pr status   4 301	(c) ( 9 ) ¬ (Insert 110 )   4947(a)(1) 01   1		7 .			e instructions )
W	eb site	: F www empires	tatecarpenters org		H(c) G	Group Exemp	otion Numb	er 🟲
	_							
Тур	e of orga	anızatıon   Corpor	ation 🔽 trust 🦵 association 🦵 other 🕨		<b>L</b> Year o	of Formation :	1948   <b>M</b> Stat	e of legal domicile NY
Pa	rt I	Summary						
	1	Briefly describe t	he organization's mission or most signif:	icant activities				
o		THE PURPOSE (	OF THE PLAN IS TO PROVIDE HEALTH	AND OTHER BENE	FITS TO F	ELIGIBLE P	ARTICIPA	NTS
2								
SOLECIII I I I I I I I I I I I I I I I I I	2	Check this box F	if the organization discontinued its ope	erations or disposed c	of more tha	an 25% of it	s assets	
5		•	members of the governing body (Part V					25
5		_						24
			endent voting members of the governing		),			
			employees (Part V, line 2a)					52
			volunteers (estimate if necessary) .				6	47.247
٠.			lated business revenue from Part VIII, I		J			17,347
	ь	Net unrelated bu	sıness taxable ıncome from Form 990-T	, line 34			7b	16,347
						Prior Year		Current Year
a.	8	Contributions a	nd grants (Part VIII, line 1h)				0	
Ravenue	9	Program servic	e revenue (Part VIII, line 2g)			115,12	7,954	113,597,396
346	10	Investment inc	ome (Part VIII, column (A ), lines 3, 4, a	nd 7d)		7,369	9,512	-4,166,464
_	11	Other revenue	(Part VIII, column (A ), lines 5, 6d, 8c, 9	c, 10c, and 11e)		76	3,275	0
	12		add lines 8 through 11 (must equal Part	VIII, column (A), lın	е	123,260	0.741	109,430,932
	42	12)	describe and (Dest IV estimate) (A.).			123,200	3,741	109,430,932
	13		ilar amounts paid (Part IX, column (A), li					100,000,001
	14	-	or for members (Part IX, column (A), lin	•	_	96,229	9,842	100,929,094
ss.	15	Salaries, other 10)	compensation, employee benefits (Part I	.X, column (A), lines !	5-	2.05	5,842	3,788,497
Expenses	16a	•	ndraising fees (Part IX, column (A), line :	11e)				0
Φ ⊕	ь							
Δ			expenses, Part IX, column (D), line 25 0	)			4.670	1 217 600
	17	•	S (Part IX, column (A), lines 11a-11d, 1	·		· · · · · · · · · · · · · · · · · · ·	4,670	1,217,680
	18		—add lines 13-17 (must equal Part IX,	line 25, column (A))	<u> </u>	100,890		105,935,271
u7	19	Revenue less e	xpenses Subtract line 18 from line 12			22,370		3,495,661
5 Q					Beg	inning of Ye	ear	End of Year
, Œ	20	Total assets (P	art X, line 16)			169,74	2,508	161,227,129
net Assets ta Fund Balances	21	Total liabilities	(Part X, line 26)			5,46	1,813	14,396,561
	22	Net assets or fu	and balances Subtract line 21 from line	20		164,280	0,695	146,830,568
_	t III	Signature B					, -	, , ,
			perjury, I declare that I have examined this retur	n including accompanying	schedules :	and statement	s and to the I	est of my knowledge
			e, correct, and complete Declaration of preparer (					
lea		*****			;	2010-04-19		
ign		Signature of off	icer		1	Date		
lere	9	DAVID STEWAR	FUND DIRECTOR					
		Type or print na						
		Preparer's	Da	ate	Check If	Prepar	er's PTIN (See	Gen Inst )
aid		signature SCH	ULTHEIS PANETTIERI LLP		self-	`	(-22	,
	arer's	F	we k. Cobulthers C. Perrell and I.D.		empolyed 🕨	<u> </u>		
•		Firm's name (or you if self-employed),	urs Schultheis & Panettieri LLP			EIN Þ		
IGD .	י אומנ							
ıse (	Only	address, and ZIP +	4 210 Marcus Boulevard					
Jse (	Only		4 210 Marcus Boulevard Hauppauge, NY 117883740			Phone	no 🕨	

## Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organizati THE PURPOSE OF THE PLAN I		HER BENEFITS TO ELIGIBLE PARTICIPANTS			
2	the prior Form 990 or 9	90-EZ?		were not listed on	∕es ✓ No	
_		e new services on Schedu				
3	services?		ignificant changes in how it conducts		Yes 🔽 No	
4		e changes on Schedule O				
4	Section 501(c)(3) and	(4) organizations and 494	each of the organization's three larges 47 (a)(1) trusts are required to report to or each program service reported			
4a	(Code THE PURPOSE OF THE PLAI	) (Expenses \$ N IS TO PROVIDE HEALTH AND	including grants of \$ OTHER BENEFITS TO ELIGIBLE PARTICIPANTS	) (Revenue \$	)	
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)	
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)	
4d	Other program service	es (Describe in Schedule	0)			_
	(Expenses \$	ıncludıng	grants of \$ ) (F	Revenue \$	)	
4e	Total program service	expenses \$	Must equal Part IX, Line 25	5, column (B).		

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

#### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 16			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
Ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this		100	
34	return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		N.
	account)?	74		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form ID F 90-22.1,</b> Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		Νo
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
Ĭ	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the	8		No
	year?			<u>-</u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νο
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
h	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them )			
12=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N o
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	-La		110
b	year			

## Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

							Yes	NO
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the	cırcum	stances,			
1a	Enter the number of voting members of the governing body	1a			25			
Ь	Enter the number of voting members that are independent	1b			24			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?					2		Νο
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	•				3		Νο
4	Did the organization make any significant changes to its organizational documents sfiled? $\ \ . \ \ \ .$	ince t	he prio	r Form 9	990 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ıon's as	sets?		5	Yes	
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							Νο
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?							Νο
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertak	en durır	g the			
а	the governing body?					8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?					8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?					9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o				,	9b		Νο
10	Was a copy of the Form 990 provided to the organization's governing body before it was describe in Schedule O the process, if any, the organization uses to review the			_		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section At the organization's mailing address? If "Yes," provide the names and addresses in Sc	,				11		Νο

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		Νο
		TOD		140

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

david stewart 270 MOTOR PARKWAY HAUPPAUGE,NY 11788 (631) 952-9700

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	(B) Average hours per week	Posit	(C	) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							-			

			tion that a			all			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee Individual Trustee or Prector		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			-							
			+							
			$\vdash$		$\vdash$		$\vdash$			
			$\vdash$				$\vdash$			
							Ļ			1
1b Total								411,884	204,949	139,717

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►3

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	( <b>B</b> ) Description of services	(C) Compensation
STACEY BRAUN ASSOC INC 377 BROADWAY NEW YORK, NY 10013	INVESTMENT ADVISORY	239,384
NOVAK FRANCELLA LLC TWO BALA PLAZA BALA CYNWYD, PA 19004	ACCOUNTING	356,790
J P JEANNERET ASSOC INC 100 E WASHINGTON ST SYRACUSE, NY 13202	INVESTMENT ADVISORY	246,000
BASYS INC 857 ELKRIDGE LANDING RD LINTHICUM, MD 210902933	COMPUTER CONSULTING	241,140
ARCHER BYINGTON GLENNON & LEVINE LLP 425 BROADHOLLOW RD MELVILLE, NY 11747	LEGAL SERVICES	465,754
Total number of independent contractors (including those in 1) who re from the organization	· · · · · · · · · · · · · · · · · · ·	5

Statement of Revenue

					(A)	(B)	(c)	(D)
					Total Revenue	Related or Exempt Function	Unrelated Business Revenue	Revenue Excluded from Tax under IRC
						Revenue		512, 513, or 514
% छ	1a	Federated can						
rand	Ь	Membership d	ues	I				
g.≝	c	Fundraising ev						
±ã±	d	Related organ	<b>1c</b> izations <b>1d</b>					
% E	e	_	nts (contributions) 1e					
<u>ਨੂੰ</u> ਲਾਜ਼	f	All other contribut	tions, gifts, grants, and			i		
a Ee		sımılar amounts r	not included above					
Contributions, gifts, grants and other similar amounts	g	Noncash cont	rıbutıons ıncluded ın					
a Ge		lines 1a-1f \$						
	h	Total (Add line	es 1a-1f) .     .     .		0			
an an				Business Code				
эш	2a	PARTICIPANTS CO	ONTRIB	900,099	18,583,239	18,583,239		
£8 ₹	b	OTHER		900,099	46,438	46,438		
-33 -	С	MEDICARE DRUG		900,099	1,398,833	1,398,833		
er F	d	EMPLOYERS CON	TRIB	900,099	93,568,886	93,568,886		
3	e							
Program Serwce Revenue	f	All other prog	ram service revenue					
Š	g	Total. Add line ► \$ 113,597,3	es 2a-2f					
	3		come (including divi	dends, interest				
			amounts)	· · · · · · · · · · · · · · · · · · ·	4,453,700			4,453,700
	4	Income from inve	estment of tax-exempt b	ond proceeds _	0			
			·	•	0			
	5	Royalties .	(ı) Real	(II) Personal	0			
	6a	Gross Rents	(I) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss)	ome or (loss)		0			
		Net rental inco		▶	, i			
	7a	Gross amount	(ı) Securities 63,696,594	(II) O ther				
	/a	from sales of assets other	03/030/331					
		than inventory	72 246 750					
	ь	Less cost or other basis and	72,316,758					
	С	sales expenses Gaın or (loss)	-8,620,164					
	d	Net gaın or (lo	ss)		-8,620,164		17,347	-8,637,511
	8a		from fundraising	. ▶				
		events (not in						
<u> </u>		\$	 ns reported on line					
듄		1c) See Part	IV, line 18					
ě		\$15,000	e G ıf total exceeds					
<u></u>	ь		xpensesb					
Other Revenue	с		(loss) from fundrais		О			
,	9a	Gross income	from gaming	<u>►</u>				
		activities See	part IV, line 19					
		Complete Schedexceeds \$15,00						
			а					
	ь		xpensesb					
	С	Net income or	(loss) from gaming	activities <b> -</b>	0			
	10a	Gross sales of returns and al	finventory, less lowances					
			а					
	ь		goods sold <b>b</b>					
	С		(loss) from sales of		0			
	11-	Miscellaneou	is Kevenue	Business Code				
	11a							
	b							
	С							
	d		nue					
	е	Total. Add line	es 11a-11d	\$   0				
	12		Add lines 1h, 2g, 3	3, 4, 5, 6d, 7d,	109,430,932	113,597,396	17,347	-4,183,811
		8c, 9c, 10c, and 1	l1e	. ▶				

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0								
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	100,929,094								
5	Compensation of current officers, directors, trustees, and key employees	236,601								
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0								
7	Other salaries and wages	2,029,530								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	523,109								
9	Other employee benefits	661,354								
10	Payroll taxes	337,903								
11	Fees for services (non-employees)									
а	Management	0								
ь	Legal	578,582								
с	Accounting	635,606								
d	Lobbying	0								
e	Professional fundraising See Part IV, line 17	0								
f	Investment management fees	646,412								
g	Other	98,230								
12	Advertising and promotion	0								
13	Office expenses	262,362								
14	Information technology	233,427								
15	Royalties	0								
16	Occupancy	277,329								
17	Travel	0								
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0								
19	Conferences, conventions and meetings	52,516								
20	Interest	0								
21	Payments to affiliates	16,777								
22	Depreciation, depletion, and amortization	20,192								
23 24	Insurance	155,101								
	total expenses shown on line 25 below )									
а	REIMBURSED P/R & REL	-1,795,522								
b	REIMB FROM RELATED	-187,125								
c	PRINTING & POSTAGE	61,091								
d	MISC EXPENSES	30,510								
е	INCOME TAXES	132,192								
f	All other expenses	0								
25	Total functional expenses. Add lines 1 through 24f	105,935,271	0	0	0					
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Dart Y	Ralance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				2,444	1	2,444
	2	Savings and temporary cash investments	•	•		56,492,458	2	45,779,560
	3	Pledges and grants receivable, net		•		00,402,400	3	0
	4	Accounts receivable, net		12,717,434	4	11,815,377		
	5	•				12,717,434	4	11,013,377
		Receivables from current and former officers, directors, trustees other related parties <i>Complete Part II of Schedule L</i>	•	•			5	0
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S			6	0		
	7	Notes and loans receivable, net			7	0		
	8	Inventories for sale or use			•		8	0
\$	9	Prepaid expenses and deferred charges	•			56,904	9	325,589
Assets	10a	Land, buildings, and equipment cost basis	10a	I	548,178			
-4	ь	Less accumulated depreciation Complete Part VI of	100					
		Schedule D	10Ь		514,401	53,969	10c	33,777
	11	Investments—publicly traded securities		•	•	83,633,504	11	89,182,830
	12	Investments—other securities See Part IV, line 11 Complete Pa	rt VII	of		16,785,795	12	14,087,552
	13	Investments—program-related See Part IV, line 11 Complete Part IV, line IV,			13	0		
	14	Intangible assets					14	0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule						0
	13	D					15	Ü
	16	Total assets. Add lines 1 through 15 (must equal line 34)				169,742,508	16	161,227,129
	17	Accounts payable and accrued expenses .				4,178,945	17	2,490,318
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
eS.	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ĺ		persons Complete Part II of Schedule L		_			22	
_	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable	-	-			24	
	25	Other liabilities Complete Part X of Schedule D				1,282,868	25	11,906,243
	26	Total liabilities. Add lines 17 through 25				5,461,813		14,396,561
		Organizations that follow SFAS 117, check here ► and compl	ete li:	ies 🤈	7	2,131,310		,,,,,,,,,,
ě		through 29, and lines 33 and 34.			•			
Balance	27	Unrestricted net assets					27	
<u> </u>	28	Temporarily restricted net assets					28	
Ξ	29	Permanently restricted net assets					29	
Fund		Organizations that do not follow SFAS 117, check here ▶ 🔽 and	d com	olet e				
9	20	lines 30 through 34.					20	
Assets	30	Capital stock or trust principal, or current funds					30	
Š	31	Paid-in or capital surplus, or land, building or equipment fund		• •	•	464 202 225	31	4.46.000.500
	32	Retained earnings, endowment, accumulated income, or other fu	ıas			164,280,695	32	146,830,568
Net	33	Total net assets or fund balances				164,280,695		146,830,568
	34	Total liabilities and net assets/fund balances				169,742,508	34	161,227,129
Da	~+ VT	Financial Statements and Reporting						

Deat VI	F:	C1-1	d D
Part XI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		Νο

#### Software ID: Software Version:

**EIN:** 11-1582767

Name: EMPIRE STATE CARPENTERS WELFARE FUND

Form 990, Part VII - Section Aaa	<u> </u>									
		Posit t	(C tion ( hat a	chec		I			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Cirector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
WILLIAM WEIR, UN TRUSTEE	2 00	Х						0	0	0
WILLIAM MACCHIONE , DIR/UN TRUSTEE	2 00	Х						0	204,949	44,561
WILLIAM BANFIELD , UN TRUSTEE	2 00	X						0	0	0
TOM BURKE, UN TRUSTEE	2 00	Х						0	0	0
TODD HELFRICH , MGMT TRUSTEE	2 00	Χ						0	0	0
ROSS PEPE , MGMT TRUSTEE	2 00	Х						0	0	0
RONALD KENT, UN TRUSTEE	2 00	Х						0	0	0
PATRICK MORIN , UN TRUSTEE	2 00	Х						0	0	0
MICHAEL CONROY TO 1709, UN TRUSTEE	2 00	Х						0	0	0
LLOYD MARTIN , MGMT TRUSTEE	2 00	Х						0	0	0
LARRY THAYER , MGMT TRUSTEE	2 00	Х						0	0	0
KEVIN SMITH TO 1709, UN TRUSTEE	2 00	Х						0	0	0
KATHY MORIN , PENS/ANN ADMIN	45 00					Х		115,063	0	30,305
JOSEPH OLIVIERI , EMP TRUST/CHAIR	2 00	Х						0	0	0
JOHN O'HARE, MGMT TRUSTEE	2 00	Х						0	0	0
JOHN MARONE TO 12208, MGMT TRUSTEE	2 00	×						0	0	0
JAMES MALCOLM , UN TRUSTEE	2 00	X						0	0	0
JAMES LOGAN, MGMT TRUSTEE	2 00	X						0	0	0
JAMES HOLLEY EFF 1109 , MGMT TRUSTEE	2 00	×						0	0	0
JAMES BODRATO TO 52809 , MGMT TRUSTEE	2 00	X						0	0	0
HOPE BRADY , COLLECTIONS MGR EA	45 00					Х		108,288	0	29,874
FRANK WIRT , UN TRUSTEE	2 00	Χ						0	0	0
FRANK JONES , MGMT TRUSTEE	2 00	X						0	0	0
DOUG O'CONNOR EFF 12208 , MGMT TRUSTEE	2 00	Х						0	0	0
DAVID STEWART , FUND DIRECTOR	50 00				Х			188,533	0	34,977
DAVID HAINES , UN TRUSTEE	2 00	Х						0	0	0
DALE STUHLMILLER , MGMT TRUSTEE	2 00	Х						0	0	0
CHRIS FUSCO EFF 1709, UN TRUSTEE	2 00	Х						0	0	0
CHARLES RINOLDO , UN TRUSTEE	2 00	Х						0	0	0
ANGELO MASSARO , MGMT TRUSTEE	2 00	Х						0	0	0

Form 990, Part VII - Section Aaa

		ı	tion ( that a	che		_			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
ALAN EHL , UN TRUSTEE	2 00	Х						C	0	0
AARON HILGER , MGMT TRUSTEE	2 00	Х						(	0	0

OMB No 1545-0047

2008

Open to Public Inspection

#### SCHEDULE D (Form 990)

Department of the Treasury

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

**Employer identification number** Name of the organization EMPIRE STATE CARPENTERS WELFARE FUND 11-1582767 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

# Part III Organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

**-** \$

(ii) Assets included in Form 990, Part X

- \$

**►** \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1

**▶** ⊄

Assets included in Form 990, Part X

3	Organizations Maintaining Collections of Art,	1113	tui	icai iieasu	res, or o	tne	Similar A	Asset	<b>LS</b> (CO	nunueu)
_	Using the organization's accession and other records, check any items (check all that apply)	of th	ne fol	llowing that are	e a significa	nt us	e of its colle	ection		
а	Public exhibition	d	Γ	Loan or exch	nange progr	ams				
b	Scholarly research	e	Γ	Other						
с	Preservation for future generations									
4	Provide a description of the organization's collections and explain Part XIV	n hov	w the	y further the o	rganızatıon	's ex	empt purpos	e ın		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as p						llar	<b>Γ</b> γ	'es	┌ No
Par	Trust, Escrow and Custodial Arrangements. C Part IV, line 9, or reported an amount on Form 990	Com	plet	e if the orga			ered "Yes"	to Fo	rm 99	90,
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X?	lary	ford	contributions o	or other ass	ets n	ot	ΓY	'es	Г No
b	If "Yes," explain why in Part XIV and complete the following table									
							-	A mour	nt	
С	Beginning balance				_	1c				
d	Additions during the year				<u> </u>	1d				
е	Distributions during the year				-	1e				
f	Ending balance					<b>1</b> f				
2a	Did the organization include an amount on Form 990, Part X, line	21?						<b>┌</b> Y	es es	┌ No
	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete if the organization								F V -	D l.
1_	Beginning of year balance	(D	<b>)</b> Prior	Year (c) IW	o Years Back	(a)	hree Years Bac	:к   (е)	rour Ye	ears Back
1a b	Contributions									
ט	Contributions									
_	Investment corpungs or losses									
c	Investment earnings or losses									
d	Grants or scholarships									
_										
d	Grants or scholarships  Other expenditures for facilities									
d e	Grants or scholarships									
d e f	Grants or scholarships	i								
d e f g	Grants or scholarships	•								
d e f g	Grants or scholarships	:								
d e f g 2 a b	Grants or scholarships	•								
d e f g 2 a	Grants or scholarships		that	are held and a	dministered	l for t	:he			
deefg	Grants or scholarships		that	are held and a	dmınıstered	l for t	_		Yes	No
deefg	Grants or scholarships		that	are held and a	dmınıstered	l for t	3	Ba(i)	Yes	No
defg2abc3a	Grants or scholarships	:ion :			dmınıstered	• • • • • • • • • • • • • • • • • • •	3	a(ii)	Yes	No
def	Grants or scholarships	ion • • • •	Sche	 dule R?	dministered	for t	3	<del></del>	Yes	No
defgg2abcc3a	Grants or scholarships	on S	Schee	 dule R?			3	a(ii)	Yes	No
defgg2abcc3a	Grants or scholarships	on S	schedent for	dule R?	art X, line	10.	3	a(ii)	Yes	No
defgg2abcc3a	Grants or scholarships	on S	Scheo ent f	 dule R?			3	Ba(ii)		No Dok value
defg	Other expenditures for facilities and programs	on S	Scheo ent f	dule R? unds Form 990, Pa	art X, line		3	Ba(ii)		
d e f g 2 a b c 3a b 4 Par	Other expenditures for facilities and programs	on S	Scheo ent f	dule R? unds Form 990, Pa	art X, line		3	Ba(ii)		
def gg 2 a b c 3a b 4 Par	Other expenditures for facilities and programs	on S	Scheo ent f	dule R? unds Form 990, Pa	art X, line (b)Cost or basis (oth		(c) Deprecia	Ba(ii)		
defg2abcc3a	Other expenditures for facilities and programs	on S	Scheo ent f	dule R? unds Form 990, Pa	art X, line (b)Cost or basis (oth	10. other er)	(c) Deprecia	Ba(ii)  3b		ook value
defg2abcc3abcPat	Other expenditures for facilities and programs	on S	Scheo ent f	dule R? unds Form 990, Pa	art X, line (b)Cost or basis (oth	10. other er)	(c) Deprecia	3b   sation   sation		ook value

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶	14,087,552		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation year market value
		Cost of cha of	year market varae
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	- 45		
Part IX Other Assets. See Form 990, Part X, II  (a) Descri			(b) Book value
(a) Descri	ption		(B) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line :  Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	( <b>b)</b> A mount		
Federal Income Taxes			
NET TRADES PENDING SETTLEMENT	300,943		
BENEFIT OBLIGATIONS CURRENTLY PAYABLE	11,605,300		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	11,906,243		
	11,300,243	]	

Par	t XII Reconciliation of C	Change in Net Assets from For	m 990 to	Financial Stateme	nts	
1	Total revenue (Form 990, Part	: VIII, column (A ), line 12)			1	109,430,932
2	Total expenses (Form 990, Pa	rt IX, column (A), line 25)			2	105,935,271
3	Excess or (deficit) for the year	Subtract line 2 from line 1			3	3,495,661
4	Net unrealized gains (losses) o	on investments			4	-8,945,788
5	Donated services and use of fa	acilities			5	
6	Investment expenses				6	
7	Prior period adjustments				7	
8	Other (Describe in Part XIV)				8	-394,700
9	Total adjustments (net) Add I	ines 4 - 8			9	-9,340,488
10	Excess or (deficit) for the year	per financial statements Combine line	s 3 and 9		10	-5,844,827
Par	XII Reconciliation of F	Revenue per Audited Financial	Stateme	nts With Revenue բ	er R	eturn
1	Total revenue, gains, and other statements	er support per audited financial			1	99,838,732
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains on inves	tments	. 2a	-8,945,788		
b	Donated services and use of	facilities	. 2b			
c	' '	ts	. 2c			
d	Other (Describe in Part XIV)		2d			
e	Add lines <b>2a</b> through <b>2d</b> .				2e	-8,945,788
3	Subtract line <b>2e</b> from line <b>1</b> .				3	108,784,520
4		90, Part VIII, line 12, but not on line 1		ı		
а		luded on Form 990, Part VIII, line 7b		646,412		
b	Other (Describe in Part XIV)		. 4b			
С	Add lines <b>4a</b> and <b>4b</b>				4c	646,412
5		nd <b>4c.</b> (This should equal Form 990, Par			5	109,430,932
		expenses per Audited Financia				
1		er audited financial statements			1	105,683,559
2		ut not on Form 990, Part IX, line 25	<sub>2a</sub>	1		
a	Prior year adjustments					
Ь	, ,		2b			
د د	Losses reported on Form 990		-			
d	Add lines 2a through 2d		. 2d		2e	
е 3	Subtract line 2e from line 1.				3	105,683,559
4		90, Part IX, line 25, but not on line <b>1:</b>				103,083,339
		luded on Form 990, Part VIII, line 7b	4a	646,412		
a b	Other (Describe in Part XIV)	•	. 4a	-394,700		
c	Add lines <b>4a</b> and <b>4b</b>		. 40	-394,700	4c	251,712
5		ind <b>4c.</b> (This should equal Form 990, Pa	rt I lina 18		5	105,935,271
	t XIV Supplemental In		it I, lille 10	<u>, , , , , , , , , , , , , , , , , , , </u>		103,933,271
Con	plete this part to provide the de	escriptions required for Part II, lines 3, 3, Part XII, lines 2d and 4b, and Part XI			art XI\	/, lines 1b and 2b,
	Ident if ier	Return Reference		Explanat	ion	
		_P	ļ			

Ident if ier	Return Reference	Explanation					
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	CHANGE IN CLAIMS PAYABLE \$ -394700					

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As Filed Data -

DLN: 93493109000110

OMB No. 1545-0047

OMB No 1545-0047

2008

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#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**Compensation Information** 

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

**Employer identification number** 

EM	PIRE STATE CARPENTERS WELFARE FUND	<b>-</b>					
		11-1582767					
Pa	rt I Questions Regarding Compensatio	n					
						Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II						
	First class or charter travel	Γ	Housing allowance or residence for	personal use			
	Travel for companions	Γ	Payments for business use of perso	onal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiat	ion fees			
	Discretionary spending account	Г	Personal services (e g , maid, chau	ffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "I			ment or	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t		у	e			
	Independent compensation consultant	Γ	Compensation survey or study				
	Form 990 of other organizations	Γ	Approval by the board or compensa	ition committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a				
а	Receive a severance payment or change of control	payment	t?		4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item i	n Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.				
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	, did the organization pay or accrue a	ny			
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	, did the organization pay or accrue a	ny			
а	The organization?				6a		
b	Any related organization?				6b		
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			n-fixed	7		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described i	•	·				

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
WILLIAM MACCHIONE (I)	199,060		5,889	28,764	15,797	249,510	101,591	
DAVID STEWART (I)	188,533			21,527	13,450	223,510	85,845	
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)							'	

Schedule J (Form 990) 2008

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation

#### OMB No 1545-0047

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury
Internal Revenue Service

### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization

EMPIRE STATE CARPENTERS WELFARE FUND

 ${\bf Employer\ identification\ number}$ 

11-1582767

Identifier	Return Reference	Explanation
		THE PLAN IS MAINTAINED AND ADMINISTERED IN ACCORDANCE WITH ERISA SECTION 107 AND THE PLAN'S RECORD RETENTION AND DESTRUCTION POLICY IS DESCRIBED IN ERISA SECTION 107

Identifier	Return Reference	Explanation
	FORM 990, PART VI, LINE 13	THE PLAN IS MAINTAINED AND ADMINISTERED IN ACCORDANCE WITH THE CO-FIDUCIARY PROVISIONS AS CONTAINED IN ERISA SECTION 405

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19		THE ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE TO ALL PARTICIPANTS UPON REQUEST DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST TO THE EXTENT REQUIRED BY LAW

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	I EVALUATION OF MONITORING AND	THE PLAN IS MAINTAINED AND ADMINISTERED IN ACCORDANCE WITH ERISA SECTIONS 404 AND 406 AND THE PLAN'S CONFLICT OF INTEREST POLICY IS DESCRIBED IN ERISA SECTIONS 404 AND 406 THE TRUSTEES MONITOR AND ENFORCE THE FUND'S COMPLIANCE WITH ERISA WITH THE ASSISTANCE OF THE FUND'S PROFESSIONALS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	THE FORM 990 WAS PREPARED IN COORDINATION WITH FULL-TIME EMPLOYEES OF THE ORGANIZATION ONCE COMPLETE, THE FORM WAS PROVIDED TO AND REVIEWED BY THE BOARD OF TRUSTEES PRIOR TO SUBMISSION

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 5	Form 990, Part VI, Line 5 Description of Material Diversion of Assets	In December 2008, prior to the release of the June 30, 2008 financial statements, management was notified that certain Plan investments managed by J P Jeanneret Associates, Inc., invested with Bernard L. Madoff Investments and Affiliates ("Madoff"), were subject to the Madoff fraud. The Plan's investments in Beacon, Income Plus, and Limited Volatility Equity Fund were invested 73%, 38%, and 100% respectively with Madoff Accordingly, the Plan's financial statements for the year ended June 30, 2009 and 2008 reflected the estimated theft totaling \$6,461,000 and \$23,050,000, respectively. Management has filed applicable insurance claims and has enrolled the Plan in several class-action law suits against the various parties involved and will continue to aggressively pursue recovery.

#### DLN: 93493109000110

OMB No 1545-0047

Open to Public Inspection

## **Related Organizations and Unrelated Partnerships**

(Form 990)

**SCHEDULE R** 

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Department of the Treasury ► See separate instructions. Internal Revenue Service Name of the organization EMPIRE STATE CARPENTERS WELFARE FUND

**Employer identification number** 

				11-1582767					
Part I Identification of Disregarded Entities									
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	al domicile (state   Total income   E		<b>(F)</b> Direct controlling entity				
Part II Identification of Related Tax-Exempt Organizations									
<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Exempt Code section	on Public charity star (if section 501(c))	tus (F) Direct controlling (3)) entity				
EMPIRE STATE CARPENTERS CHARITABLE TRUST  270 MOTOR PARKWAY HAUPPAUGE, NY11788 11-2610743	CHARITY	NY	501(C)(3)	9	NA				
EMPIRE STATE CARPENTERS SCHOLARSHIP FUND  270 MOTOR PARKWAY HAUPPAUGE, NY11788 11-2689058	SCHOLARSHIPS	NY	501(C)(9)	N/A	NA				
EMPIRE STATE CARPENTERS LABOR MGMT FUND  270 MOTOR PARKWAY HAUPPAUGE, NY11788 11-3476974	LABOR MANAGEMENT	NY	501(C)(5)	N/A	NA				
EMPIRE STATE CARPENTERS ANNUITY FUND  270 MOTOR PARKWAY HAUPPAUGE, NY11788 11-2824705	BENEFIT FUND	NY	501(A)	N/A	NA				
EMPIRE STATE CARPENTERS APPR CMTE  270 MOTOR PARKWAY HAUPPAUGE, NY11788 11-6042707	BENEFIT FUND	NY	501(C)(3)	2	NA				
EMPIRE STATE CARPENTERS PENSION FUND  270 MOTOR PARKWAY HAUPPAUGE, NY11788 11-1991772	BENEFIT FUND	NY	501(A)	N/A	NA				

(A) Name, address, and EIN of related organization		(B) nary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Direct controlling entity	(E) Predominant income(related, investment, unrelated)		(F) Share of total income		<b>(G)</b> Share of end-of- year assets	(H) Disproprtionat allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General managıı partner	
										Yes	No		Yes	No
Part IV Identification of	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related org	anızatıon	<b>(B)</b> Primary activity		(C) Legal domicile (state or foreign country)	2	<b>(D)</b> Direct contro entity	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of I-of-yea assets	( <b>H)</b> Percentage r ownership		

(6)

Part V	Transactions with	Related	Organizations

Pai	t V Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> Du	ırıng the tax year, dıd the orgranızatıon engage ın any of the following transactıon	ns with one or more related organizations listed in Parts II-	IV?	П		
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	tity		1a		No
b						
c	Gift, grant, or capital contribution from other organization(s)			1c		No
d	Loans or loan guarantees to or for other organization(s)			1d		No
e	Loans or loan guarantees by other organization(s)			1e		No
f	Sale of assets to other organization(s)			1f		No
g	Purchase of assets from other organization(s)			1g		No
h	Exchange of assets			1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)			1j	Yes	
k	Performance of services or membership or fundraising solicitations for other org	ganization(s)		1k		No
I	Performance of services or membership or fundraising solicitations by other orga	anization(s)		11		No
m	Sharing of facilities, equipment, mailing lists, or other assets			1m	Yes	
n	Sharing of paid employees			1n	Yes	
0	Reimbursement paid to other organization for expenses			10		No
р	Reimbursement paid by other organization for expenses			1р	Yes	
q	O ther transfer of cash or property to other organization(s)			1q		No
r	O ther transfer of cash or property from other organization(s)			1r		No
2	If the answer to any of the above is "Yes," see the instructions for information of	n who must complete this line, including covered relationsh	nips and transaction thresholds			
	(A)	(B)	(C)			
	Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)						
	l de la companya de					
(2)						
(3)						
(4)	l de la companya de					
(5)	,					

#### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

					1													
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No								
Schedule P (Form 990) 2008																		

Software ID: 08000091
Software Version: 2008v2.7

**EIN:** 11-1582767

Name: EMPIRE STATE CARPENTERS WELFARE FUND

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Torm 550, Schedule R, Full 11 Identification of Related	ZX ZX CIII Pt O I gain Zati		ſ		1	
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	(C) Legal Domicile (State or Foreign Country)	<b>(D)</b> Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity	
EMPIRE STATE CARPENTERS CHARITABLE TRUST						
270 MOTOR PARKWAY HAUPPAUGE, NY11788 11-2610743	CHARITY	NY	501(C)(3)	9	NA	
EMPIRE STATE CARPENTERS SCHOLARSHIP FUND						
270 MOTOR PARKWAY HAUPPAUGE, NY11788 11-2689058	SCHOLARSHIPS	NY	501(C)(9)	N/A	NA	
EMPIRE STATE CARPENTERS LABOR MGMT FUND						
270 MOTOR PARKWAY HAUPPAUGE, NY11788 11-3476974	LABOR MANAGEMENT	NY	501(C)(5)	N/A	N A	
EMPIRE STATE CARPENTERS ANNUITY FUND						
270 MOTOR PARKWAY HAUPPAUGE, NY11788 11-2824705	BENEFIT FUND	NY	501(A)	N/A	N A	
EMPIRE STATE CARPENTERS APPR CMTE						
270 MOTOR PARKWAY HAUPPAUGE, NY11788 11-6042707	BENEFIT FUND	NY	501(C)(3)	2	NA	
EMPIRE STATE CARPENTERS PENSION FUND						
270 MOTOR PARKWAY HAUPPAUGE, NY11788 11-1991772	BENEFIT FUND	NY	501(A)	N/A	NA	